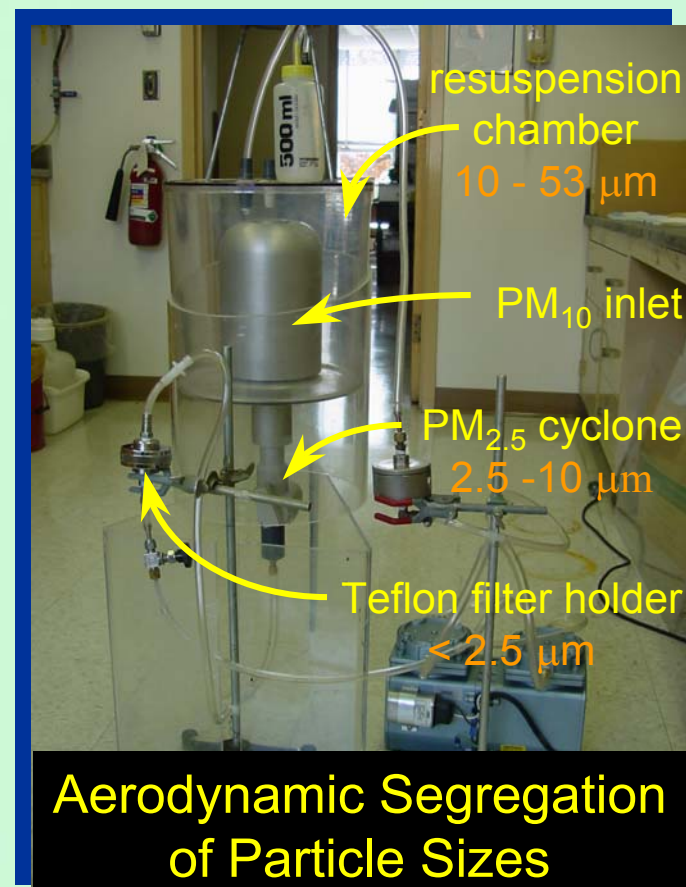
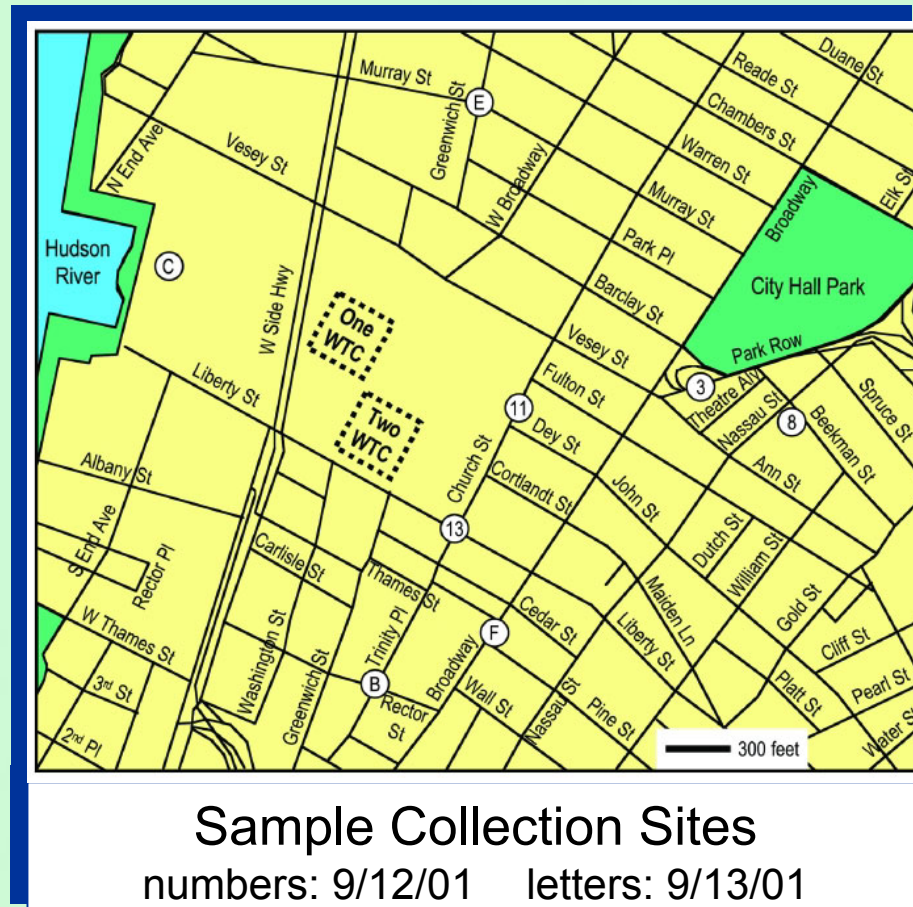


Response to the World Trade Center Disaster - Chemistry and Toxic Respiratory Effects of WTC Fine Particulate Matter

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Environmental Issue and Objectives

- Burning and collapse of the WTC on 9/11/01 released tons of particulate matter (PM) into the local environment.
- PM_{2.5} (< 2.5 μ MMAD) is associated with cardiovascular and respiratory disease, but the chemical properties and relative toxicity of WTC PM_{2.5} were unknown.
- Our objectives were to evaluate WTC PM_{2.5} chemistry and potential toxicity relative to well-characterized reference PM_{2.5} samples.
- These studies contributed to the assessment of the short-term health risk of exposure to WTC PM in the immediate aftermath of the disaster.

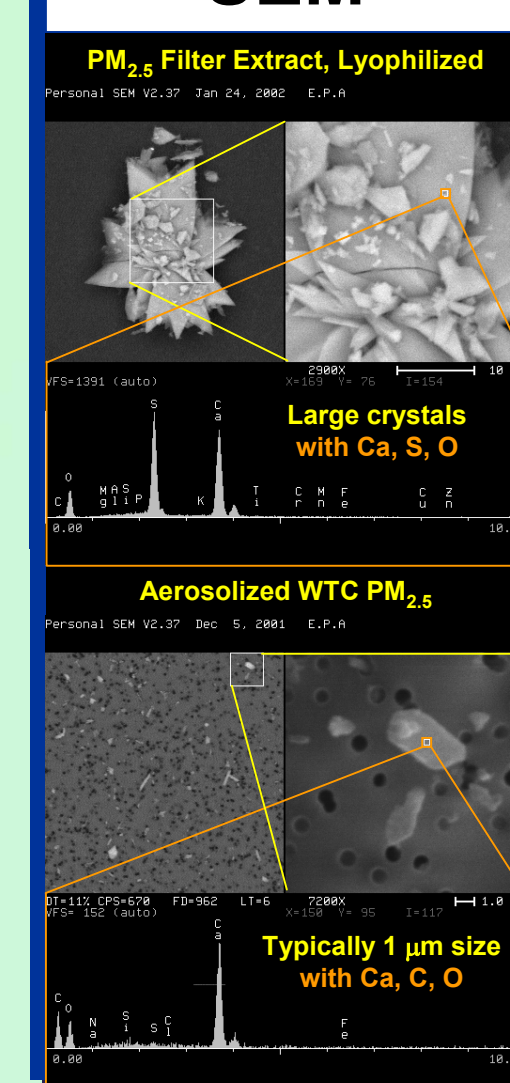


CHEMICAL ANALYSIS OF WTC PM_{2.5}

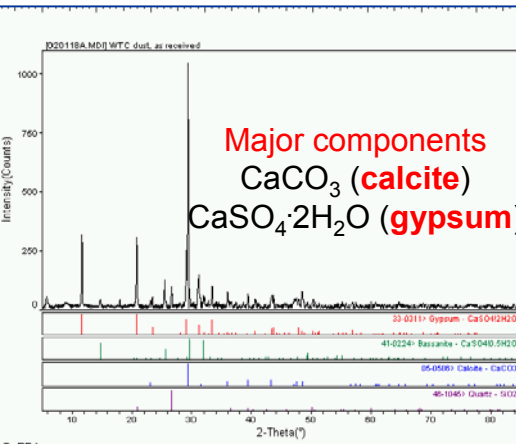
McGee et al., Environ Health Perspect 111:972-980, 2003

SOLID SAMPLES

SEM



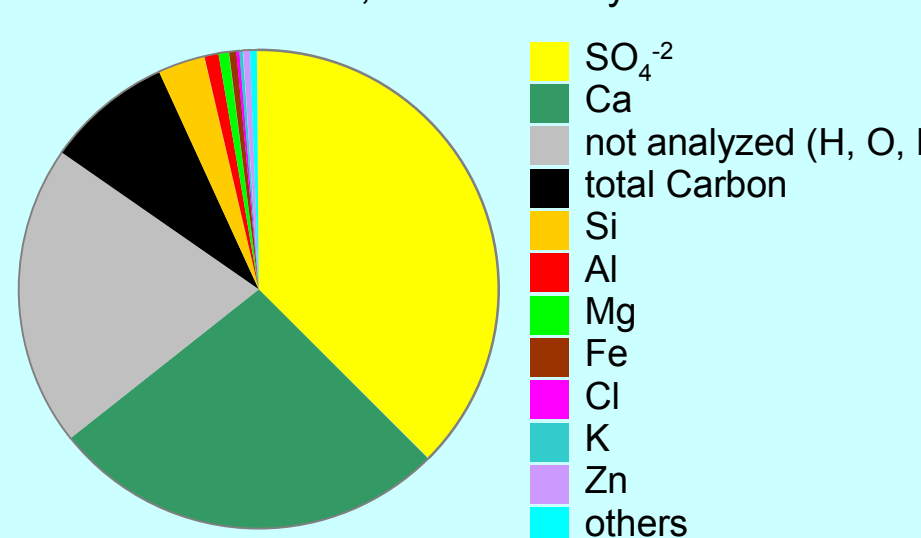
X-Ray Diffraction



Elemental Analysis Neutron Activation Analysis X-Ray Fluorescence

Carbon OC, EC, CC fractions

WTC PM_{2.5} Elemental / Ion Content



- High levels of calcium (27%) and sulfate (38%)
- Si, Al, Mg, Fe in proportions found in cement, concrete.
- Lower levels of transition & heavy metals, carbon.

AQUEOUS EXTRACTS

pH: 8.88 – 10.00
endotoxin: < 0.25 EU/mg

Elemental Analysis ICP-AES ICP-MS

Ion Chromatography

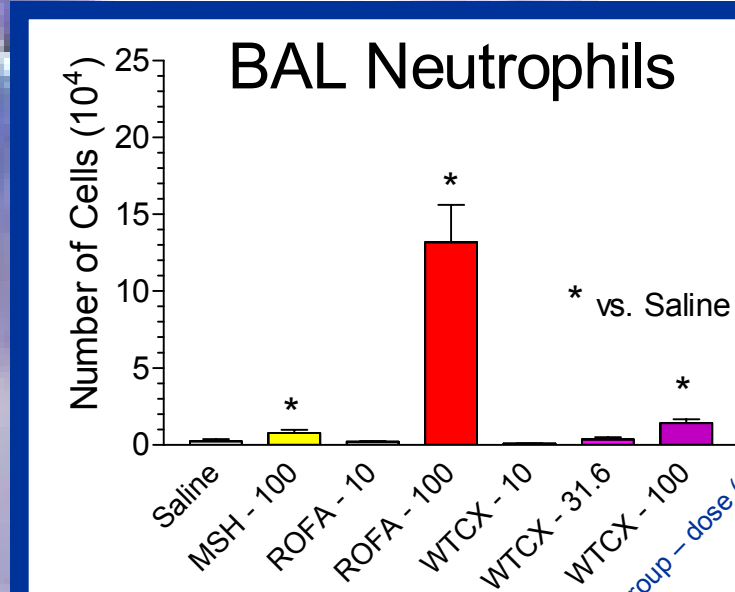
- Sulfate totally H₂O-soluble (closely matches solid samples)
- Ca mostly H₂O-soluble
- Variable solubility of other elements.

PULMONARY TOXICITY IN CD-1 MICE

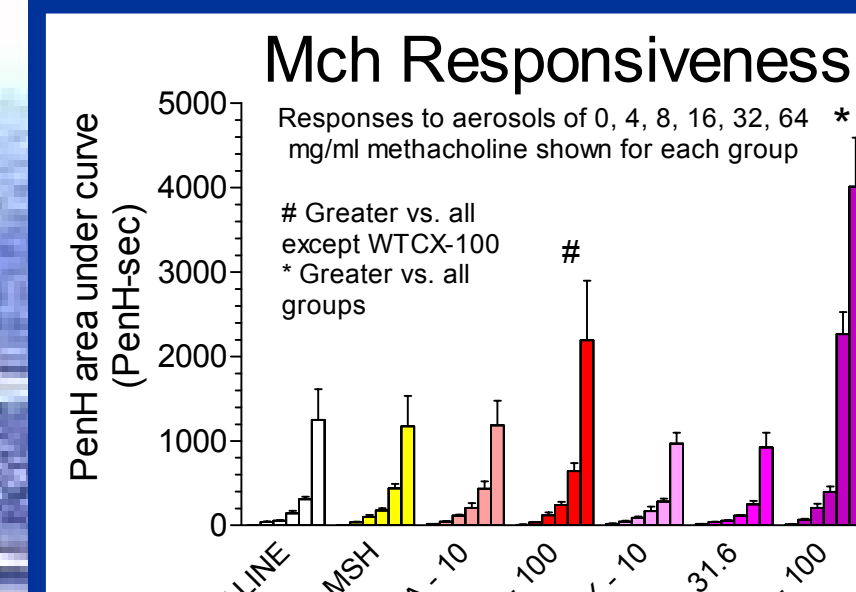
Gavett et al., Environ Health Perspect 111:81-991, 2003

RELATIVE TOXICITY

Responses measured 1 day after airway aspiration of 10, 31.6, 100 μg
WTC PM_{2.5}
Pooled sample "X" composed of sites 8, 11, 13, B, C, E, F
ROFA PM_{2.5}
Residual oil fly ash – high toxicity
MSH PM_{2.5}
Mt. St. Helens dust – low toxicity
Saline Vehicle



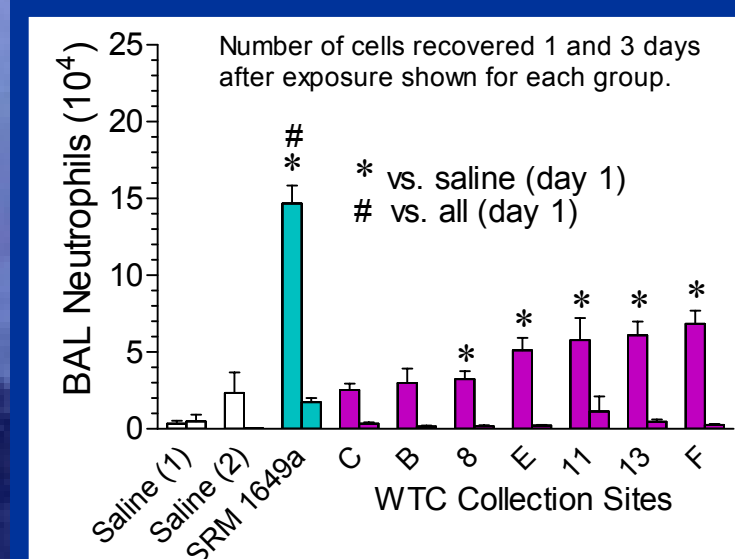
- 100 μg ROFA: significant increase in neutrophils (31% of total BAL cells).
- 100 μg pooled WTC PM_{2.5} – much lower response (7% total BAL cells).
- Lung pathology findings consistent.



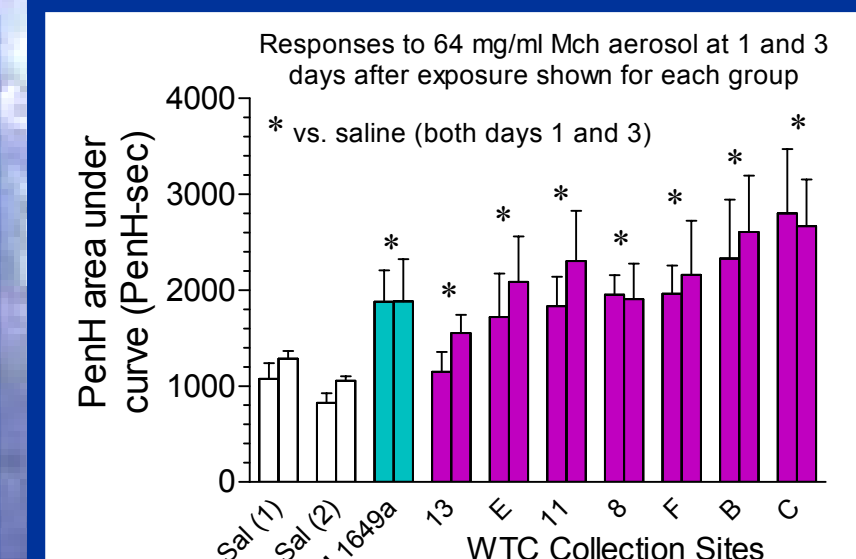
- 100 μg ROFA: hyperresponsive to Mch compared with saline control group.
- 100 μg WTC PM_{2.5} – hyperresponsive vs. all groups including toxic ROFA.

DEPENDENCE ON LOCATION

Responses measured 1 and 3 days after airway aspiration of 100 μg
WTC PM_{2.5}
Responses to individual sites tested: 8, 11, 13, B, C, E, F
SRM 1649a PM_{2.5}
Washington DC ambient air sample from NIST
Saline Vehicle



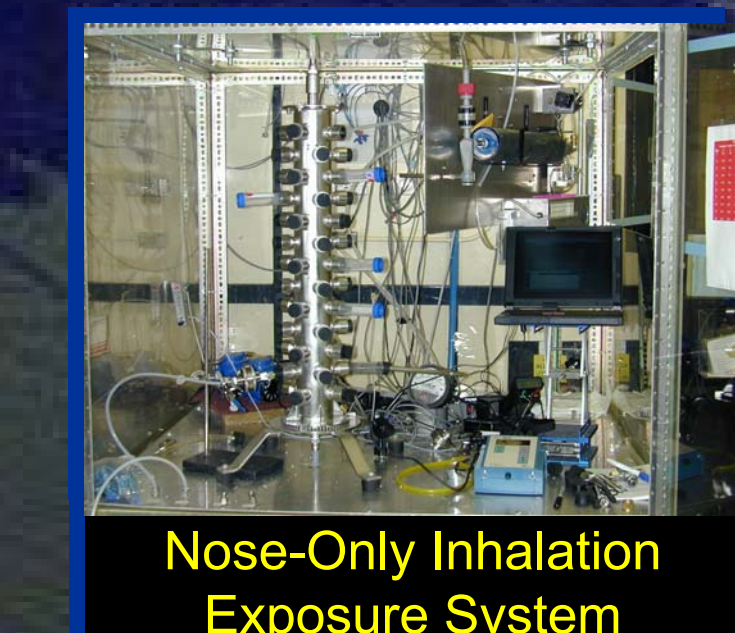
- 100 μg individual site WTC PM_{2.5} samples – moderate inflammation, less than response to SRM 1649a.
- Lung pathology findings consistent (focal bronchiolar inflammation).
- Responses greatly reduced at day 3.



- All individual site WTC PM_{2.5} samples caused hyperresponsiveness to Mch compared with saline control group, but not compared with SRM 1649a.
- Responses stable at day 3.

UPPER AIRWAYS RESPONSES

Responses measured 1, 3, and 6 days after nose-only inhalation exposure to air or WTC PM_{2.5} (site 3)
10.6 mg/m³, 5 hr exposure.
Total respiratory tract dose: ~14 μg
(estimate based on Freijer et al. 1999. Multiple path particle deposition model v. 1.11 (CIIT, RIVM), using rat model).



- Some increases in airflow obstruction in individual mice measured immediately after exposure, but no group effect.
- No effects on responsiveness to Mch or lung pathology; some increases BAL cells.
- Minimal-mild rhinitis (mucosal neutrophils), but only in 4/8 exposed mice, and only 1 day post-exposure; no epithelial cell injury.

Estimated WTC PM_{2.5} Concentrations

necessary to produce doses in people equivalent to mouse doses

Total Mouse Deposited Dose (μg)	Mouse / Human Dose per TB Surface area (μg/m ²)	WTC PM _{2.5} concentration (μg/m ³)
10	97	42
31.6	307	134
100	973	425

Assumptions:

- Critical dose metric: dose per tracheobronchial surface area.
- Mouse dose spread evenly over respiratory tract
- 30 yr 5'10" male, FRC = 3300 ml, oronasal breather 30 L/min.
- Model particles: density = 1 g/cc, 1 μm, σg = 2.5 (Freijer et al. 1999, MPPD v 1.11)
- Inhaled over 8-hr workshift with no respiratory protection.

Conclusions

- WTC PM_{2.5} is alkaline and composed of a high content of Ca and SO₄. Known respiratory irritants (calcite and gypsum) are major components. Sampling site was not related to chemistry or biological responses, suggesting WTC PM_{2.5} is fairly homogeneous.
- We estimate people exposed to ~ 425 μg/m³ WTC PM_{2.5} for 8 hours without respiratory protection would get a dose comparable to the 100 μg dose in mice, which caused pulmonary inflammation and hyper-responsiveness to Mch. PM_{2.5} concentrations immediately after the WTC collapse are unknown, but it is likely that levels were this high.
- We estimate that healthy individuals exposed to lower concentrations of WTC PM_{2.5} (< 130 μg/m³ for 8 hr) should not experience adverse effects, although especially sensitive individuals (e.g. asthmatics) may experience effects at lower doses.

Impact / Future Directions

- This is the first study to show that WTC PM_{2.5} can cause toxic respiratory effects in animals at relatively high doses which could have occurred in people exposed during and after the collapse of the towers. Notably, firefighters present at the collapse of the WTC towers had significantly increased levels of cough and airway hyper-responsiveness (Prezant, N Engl J Med 347:806, 2002).
- These studies provide essential information on the chemistry and respiratory toxicity of WTC PM_{2.5}. They have contributed to EPA's health risk assessment of pollutants derived from the WTC.
- Valuable lessons were learned in dealing with rapidly-developing and/or acute environmental issues. The availability of well-characterized reference samples and a comprehensive array of chemical analyses and rapid bioassays are necessary to characterize acute toxicological risks of novel environmental contaminants.

